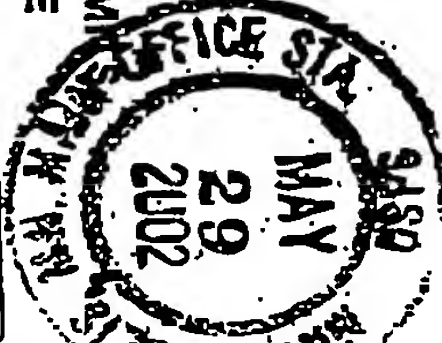


## EXHIBIT D

EXPRESS MAIL		POST OFFICE TO ADDRESSEE	
UNITED STATES POSTAL SERVICE			
ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 55401	Day of Delivery Mon <input type="checkbox"/> Tues <input checked="" type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>	
Date in 5-29-02	12 Noon <input type="checkbox"/> 4 PM <input checked="" type="checkbox"/>	Postage \$ 12.15	
Time in 5:16	1st Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/>	Return Receipt Fee	
Weight 4 lbs.	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Additional Charge Initials 288	Total Postage & Fees \$ 12.15	
CUSTOMER USE ONLY			
METHOD OF PAYMENT: X 55.24			
Express Mail Declared Value			
FROM: (PLEASE PRINT)		PHONE	
MUETING & RAASCH PO BOX 581415 MINNEAPOLIS MN 55454-1415			
TO: (PLEASE PRINT)		PHONE	
Assistant Commercial Truck Drivers Washington, D.C.		202.31	
<input type="checkbox"/> WAIVER OF SIGNATURE (For use only if merchandise is insured by a valid Marine or other insurance policy. If the merchandise is insured by a valid Marine or other insurance policy, the signature of the insured is not required. If the merchandise is not insured, the signature of the insured is required.) <input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Insured <input type="checkbox"/> Not Insured <input type="checkbox"/> Signature			
See Reverse Side for Service Guarantee and Limitations on Insurance Coverage  Customer Copy Label 11-F August 2000			

FOR PICKUP OR TRACKING CALL 1-800-222-1011

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